

AUG 16 2004

OFFICIAL

10/746,903

PATENTAMENDMENT A (IN RESPONSE TO PAPER NO. 7
(OFFICE ACTION DATED MAY 24, 2004))

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
WEIGAND) Group Art Unit: 2661
Application No.: 10/746,903) Examiner: D.R. VINCENT
Filed: DECEMBER 22, 2000)
For: MICROSEQUENCER) AMENDMENT A (IN RESPONSE
MICROCODE BANK) TO PAPER NO. 7 (OFFICE ACTION
SWITCHED ARCHITECTURE) DATED MAY 24, 2004)

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the above-identified Office Action regarding the above-identified patent application, the following amendment and remarks are respectfully submitted.

Atty. Docket No.: P04793 (11461.00.0076) - 1 -
CHICAGO/#1267181.1

VEDDER PRICE

**RECEIVED
CENTRAL FAX CENTER
AUG 16 2004
OFFICIAL**

Facsimile

VEDDER, PRICE, KAUFMAN & KAMMHOLZ, P.C.
222 NORTH LASALLE STREET
CHICAGO, ILLINOIS 60601
312-609-7500
FACSIMILE: 312-609-5005

OFFICES IN CHICAGO, NEW YORK CITY AND ROSELAND, NEW JERSEY

Please deliver the following page(s) to:**Name:** Examiner David Robert Vincent**Firm:** U.S. Patent and Trademark Office**City/State:** Alexandria, VA**Fax No.:** 703-872-9306**Client No.:** 11461.00.0076**From:** Mark A. Dalla Valle**Date:** 8/16/04**Sender's Extension:** 7620**Time:****Number of pages including cover sheet:** 11

2004 AUG 16 PM 4:56

Message:

Dear Sir:

or

Submitted herewith is a Response for Application No. 10/746,903.

Respectfully submitted,
 Mark A. Dalla Valle
 Reg. No. 34,147

**If you have any problems with this transmittal,
 please call 312-609-5001.
 Our fax number is 312-609-5005.**

Confidentiality Note

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery of the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone at 312-609-5001, and return this original message to us at the above address via the U.S. Postal Service. Thank you.

CHICAGO/#1269972.1

PAGE 1/11 * RCVD AT 8/16/2004 6:05:10 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/5 * DNIS:8729306 * CSID: * DURATION (mm:ss):03:12

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**TRANSMITTAL
FORM**

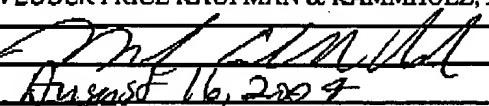
(To be used for all correspondence after initial filing)

		Application Number	10/746,903
		Filing Date	12/22/00
		First Named Inventor	David Weigand
		Art Unit	2661
		Examiner Name	D.R. Vincen
Total Number of Pages in This Submission	10	Attorney Docket Number	P04793

ENCLOSURES (Check all that apply)

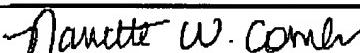
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s) (Fig. 3 in duplicate)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Return Receipt Postcard.
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mark A. Dalla Valle (Reg. No. 34,147) VEDDER PRICE KAUFMAN & KAMMHOLZ, P.C.
Signature	
Date	August 16, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Nanette W. Combs
Signature	
	Date 8/16/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1258001

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.